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| <b>PATENT APPLICATION FEE DETERMINATION RECORD</b><br>Substitute for Form PTO-875  |  |   |   | Application or Docket Number<br><b>10/627,582</b> | Filing Date<br><b>07/25/2003</b>            | <input type="checkbox"/> To be Mailed            |                       |                        |                       |                        |  |  |            |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |              |           |            |              |   |              |   |                  |           |                        |           |   |                        |     |      |       |       |     |          |     |    |  |                              |     |     |       |      |     |           |     |    |   |  |     |  |     |  |     |    |     |    |                                  |  |            |  |   |  |        |                       |        |                       |  |  |           |  |   |  |        |                       |        |                       |   |           |   |  |            |  |            |  |            |  |  |  |  |  |   |  |   |                  |           |                        |           |                        |                        |  |     |       |    |   |        |  |        |  |                              |  |     |       |     |   |        |  |        |  |  |  |  |  |  |  |    |  |    |  |  |  |  |  |  |  |                       |  |                       |  |
|--|--|---|---|---|---|--|-----------------------|------------------------|-----------------------|------------------------|--|--|------------|--|--|--|--|--|--|--|--|--|--|--|--|--|----|--|--|--|--|--|--|--------------|-----------|------------|--------------|---|--------------|---|------------------|-----------|------------------------|-----------|---|------------------------|-----|------|-------|-------|-----|----------|-----|----|--|------------------------------|-----|-----|-------|------|-----|-----------|-----|----|---|--|-----|--|-----|--|-----|----|-----|----|----------------------------------|--|------------|--|---|--|--------|-----------------------|--------|-----------------------|--|--|-----------|--|---|--|--------|-----------------------|--------|-----------------------|---|-----------|---|--|------------|--|------------|--|------------|--|--|--|--|--|---|--|---|------------------|-----------|------------------------|-----------|------------------------|------------------------|--|-----|-------|----|---|--------|--|--------|--|------------------------------|--|-----|-------|-----|---|--------|--|--------|--|--|--|--|--|--|--|----|--|----|--|--|--|--|--|--|--|-----------------------|--|-----------------------|--|
| <b>APPLICATION AS FILED – PART I</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2"></th> <th colspan="2"></th> <th colspan="2"></th> <th style="text-align: right;">OTHER THAN</th> </tr> <tr> <th colspan="2"></th> <th colspan="2"></th> <th colspan="2"></th> <th style="text-align: right;">SMALL ENTITY <input checked="" type="checkbox"/></th> </tr> <tr> <th colspan="2"></th> <th colspan="2"></th> <th colspan="2"></th> <th style="text-align: right;">OR</th> </tr> <tr> <th colspan="2"></th> <th colspan="2"></th> <th colspan="2"></th> <th style="text-align: right;">SMALL ENTITY</th> </tr> </thead> <tbody> <tr> <td colspan="2">FOR</td> <td colspan="2">NUMBER FILED</td> <td colspan="2">NUMBER EXTRA</td> <td style="text-align: right;">RATE (\$)</td> <td style="text-align: right;">FEE (\$)</td> <td style="text-align: right;">RATE (\$)</td> <td style="text-align: right;">FEE (\$)</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> BASIC FEE<br/>(37 CFR 1.16(a), (b), or (c))</td> <td colspan="2">N/A</td> <td colspan="2">N/A</td> <td style="text-align: right;">N/A</td> <td></td> <td style="text-align: right;">N/A</td> <td></td> </tr> <tr> <td colspan="2"><input type="checkbox"/> SEARCH FEE<br/>(37 CFR 1.16(k), (l), or (m))</td> <td colspan="2">N/A</td> <td colspan="2">N/A</td> <td style="text-align: right;">N/A</td> <td></td> <td style="text-align: right;">N/A</td> <td></td> </tr> <tr> <td colspan="2"><input type="checkbox"/> EXAMINATION FEE<br/>(37 CFR 1.16(o), (p), or (q))</td> <td colspan="2">N/A</td> <td colspan="2">N/A</td> <td style="text-align: right;">N/A</td> <td></td> <td style="text-align: right;">N/A</td> <td></td> </tr> <tr> <td colspan="2">TOTAL CLAIMS<br/>(37 CFR 1.16(j))</td> <td colspan="2">minus 20 =</td> <td colspan="2">•</td> <td style="text-align: right;">X \$ =</td> <td></td> <td style="text-align: right;">X \$ =</td> <td></td> </tr> <tr> <td colspan="2">INDEPENDENT CLAIMS<br/>(37 CFR 1.16(h))</td> <td colspan="2">minus 3 =</td> <td colspan="2">•</td> <td style="text-align: right;">X \$ =</td> <td></td> <td style="text-align: right;">X \$ =</td> <td></td> </tr> <tr> <td colspan="2"><input type="checkbox"/> APPLICATION SIZE FEE<br/>(37 CFR 1.16(s))</td> <td colspan="2">If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).</td> <td colspan="2"></td> <td style="text-align: right;">TOTAL</td> <td></td> <td style="text-align: right;">TOTAL</td> <td></td> </tr> <tr> <td colspan="2"><input type="checkbox"/> MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))</td> <td colspan="2"></td> <td colspan="2"></td> <td style="text-align: right;">TOTAL</td> <td></td> <td style="text-align: right;">TOTAL</td> <td></td> </tr> </tbody> </table> <p>* If the difference in column 1 is less than zero, enter "0" in column 2.</p>  |  |   |   |   |   |  |                       |                        |                       |                        |  |  | OTHER THAN |  |  |  |  |  |  | SMALL ENTITY <input checked="" type="checkbox"/> |  |  |  |  |  |  | OR |  |  |  |  |  |  | SMALL ENTITY | FOR       |            | NUMBER FILED |   | NUMBER EXTRA |   | RATE (\$)        | FEE (\$)  | RATE (\$)              | FEE (\$)  | <input type="checkbox"/> BASIC FEE<br>(37 CFR 1.16(a), (b), or (c)) |                        | N/A |      | N/A   |       | N/A |          | N/A |    | <input type="checkbox"/> SEARCH FEE<br>(37 CFR 1.16(k), (l), or (m)) |                              | N/A |     | N/A   |      | N/A |           | N/A |    | <input type="checkbox"/> EXAMINATION FEE<br>(37 CFR 1.16(o), (p), or (q)) |  | N/A |  | N/A |  | N/A |    | N/A |    | TOTAL CLAIMS<br>(37 CFR 1.16(j)) |  | minus 20 = |  | • |  | X \$ = |                       | X \$ = |                       | INDEPENDENT CLAIMS<br>(37 CFR 1.16(h)) |  | minus 3 = |  | • |  | X \$ = |                       | X \$ = |                       | <input type="checkbox"/> APPLICATION SIZE FEE<br>(37 CFR 1.16(s)) |           | If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). |  |            |  | TOTAL      |  | TOTAL      |  | <input type="checkbox"/> MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j)) |  |  |  |   |  | TOTAL                                       |                  | TOTAL     |                        |           |                        |                        |  |     |       |    |   |        |  |        |  |                              |  |     |       |     |   |        |  |        |  |  |  |  |  |  |  |    |  |    |  |  |  |  |  |  |  |                       |  |                       |  |
|  |  |   |   |   |   | OTHER THAN                                       |                       |                        |                       |                        |  |  |            |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |              |           |            |              |   |              |   |                  |           |                        |           |   |                        |     |      |       |       |     |          |     |    |  |                              |     |     |       |      |     |           |     |    |   |  |     |  |     |  |     |    |     |    |                                  |  |            |  |   |  |        |                       |        |                       |  |  |           |  |   |  |        |                       |        |                       |   |           |   |  |            |  |            |  |            |  |  |  |  |  |   |  |   |                  |           |                        |           |                        |                        |  |     |       |    |   |        |  |        |  |                              |  |     |       |     |   |        |  |        |  |  |  |  |  |  |  |    |  |    |  |  |  |  |  |  |  |                       |  |                       |  |
|  |  |   |   |   |   | SMALL ENTITY <input checked="" type="checkbox"/> |                       |                        |                       |                        |  |  |            |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |              |           |            |              |   |              |   |                  |           |                        |           |   |                        |     |      |       |       |     |          |     |    |  |                              |     |     |       |      |     |           |     |    |   |  |     |  |     |  |     |    |     |    |                                  |  |            |  |   |  |        |                       |        |                       |  |  |           |  |   |  |        |                       |        |                       |   |           |   |  |            |  |            |  |            |  |  |  |  |  |   |  |   |                  |           |                        |           |                        |                        |  |     |       |    |   |        |  |        |  |                              |  |     |       |     |   |        |  |        |  |  |  |  |  |  |  |    |  |    |  |  |  |  |  |  |  |                       |  |                       |  |
|  |  |   |   |   |   | OR   |                       |                        |                       |                        |  |  |            |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |              |           |            |              |   |              |   |                  |           |                        |           |   |                        |     |      |       |       |     |          |     |    |  |                              |     |     |       |      |     |           |     |    |   |  |     |  |     |  |     |    |     |    |                                  |  |            |  |   |  |        |                       |        |                       |  |  |           |  |   |  |        |                       |        |                       |   |           |   |  |            |  |            |  |            |  |  |  |  |  |   |  |   |                  |           |                        |           |                        |                        |  |     |       |    |   |        |  |        |  |                              |  |     |       |     |   |        |  |        |  |  |  |  |  |  |  |    |  |    |  |  |  |  |  |  |  |                       |  |                       |  |
|  |  |   |   |   |   | SMALL ENTITY                                     |                       |                        |                       |                        |  |  |            |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |              |           |            |              |   |              |   |                  |           |                        |           |   |                        |     |      |       |       |     |          |     |    |  |                              |     |     |       |      |     |           |     |    |   |  |     |  |     |  |     |    |     |    |                                  |  |            |  |   |  |        |                       |        |                       |  |  |           |  |   |  |        |                       |        |                       |   |           |   |  |            |  |            |  |            |  |  |  |  |  |   |  |   |                  |           |                        |           |                        |                        |  |     |       |    |   |        |  |        |  |                              |  |     |       |     |   |        |  |        |  |  |  |  |  |  |  |    |  |    |  |  |  |  |  |  |  |                       |  |                       |  |
| FOR  |  | NUMBER FILED  |   | NUMBER EXTRA                                      |   | RATE (\$)  | FEE (\$)              | RATE (\$)              | FEE (\$)              |                        |  |  |            |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |              |           |            |              |   |              |   |                  |           |                        |           |   |                        |     |      |       |       |     |          |     |    |  |                              |     |     |       |      |     |           |     |    |   |  |     |  |     |  |     |    |     |    |                                  |  |            |  |   |  |        |                       |        |                       |  |  |           |  |   |  |        |                       |        |                       |   |           |   |  |            |  |            |  |            |  |  |  |  |  |   |  |   |                  |           |                        |           |                        |                        |  |     |       |    |   |        |  |        |  |                              |  |     |       |     |   |        |  |        |  |  |  |  |  |  |  |    |  |    |  |  |  |  |  |  |  |                       |  |                       |  |
| <input type="checkbox"/> BASIC FEE<br>(37 CFR 1.16(a), (b), or (c))  |  | N/A   |   | N/A   |   | N/A  |                       | N/A                    |                       |                        |  |  |            |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |              |           |            |              |   |              |   |                  |           |                        |           |   |                        |     |      |       |       |     |          |     |    |  |                              |     |     |       |      |     |           |     |    |   |  |     |  |     |  |     |    |     |    |                                  |  |            |  |   |  |        |                       |        |                       |  |  |           |  |   |  |        |                       |        |                       |   |           |   |  |            |  |            |  |            |  |  |  |  |  |   |  |   |                  |           |                        |           |                        |                        |  |     |       |    |   |        |  |        |  |                              |  |     |       |     |   |        |  |        |  |  |  |  |  |  |  |    |  |    |  |  |  |  |  |  |  |                       |  |                       |  |
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| TOTAL CLAIMS<br>(37 CFR 1.16(j))   |  | minus 20 =  |   | •   |   | X \$ =   |                       | X \$ =                 |                       |                        |  |  |            |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |              |           |            |              |   |              |   |                  |           |                        |           |   |                        |     |      |       |       |     |          |     |    |  |                              |     |     |       |      |     |           |     |    |   |  |     |  |     |  |     |    |     |    |                                  |  |            |  |   |  |        |                       |        |                       |  |  |           |  |   |  |        |                       |        |                       |   |           |   |  |            |  |            |  |            |  |  |  |  |  |   |  |   |                  |           |                        |           |                        |                        |  |     |       |    |   |        |  |        |  |                              |  |     |       |     |   |        |  |        |  |  |  |  |  |  |  |    |  |    |  |  |  |  |  |  |  |                       |  |                       |  |
| INDEPENDENT CLAIMS<br>(37 CFR 1.16(h))   |  | minus 3 =   |   | •   |   | X \$ =   |                       | X \$ =                 |                       |                        |  |  |            |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |              |           |            |              |   |              |   |                  |           |                        |           |   |                        |     |      |       |       |     |          |     |    |  |                              |     |     |       |      |     |           |     |    |   |  |     |  |     |  |     |    |     |    |                                  |  |            |  |   |  |        |                       |        |                       |  |  |           |  |   |  |        |                       |        |                       |   |           |   |  |            |  |            |  |            |  |  |  |  |  |   |  |   |                  |           |                        |           |                        |                        |  |     |       |    |   |        |  |        |  |                              |  |     |       |     |   |        |  |        |  |  |  |  |  |  |  |    |  |    |  |  |  |  |  |  |  |                       |  |                       |  |
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| <input type="checkbox"/> MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))   |  |   |   |   |   | TOTAL  |                       | TOTAL                  |                       |                        |  |  |            |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |              |           |            |              |   |              |   |                  |           |                        |           |   |                        |     |      |       |       |     |          |     |    |  |                              |     |     |       |      |     |           |     |    |   |  |     |  |     |  |     |    |     |    |                                  |  |            |  |   |  |        |                       |        |                       |  |  |           |  |   |  |        |                       |        |                       |   |           |   |  |            |  |            |  |            |  |  |  |  |  |   |  |   |                  |           |                        |           |                        |                        |  |     |       |    |   |        |  |        |  |                              |  |     |       |     |   |        |  |        |  |  |  |  |  |  |  |    |  |    |  |  |  |  |  |  |  |                       |  |                       |  |
| <b>APPLICATION AS AMENDED – PART II</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2"></th> <th colspan="2"></th> <th colspan="2"></th> <th style="text-align: right;">OTHER THAN</th> </tr> <tr> <th colspan="2"></th> <th colspan="2"></th> <th colspan="2"></th> <th style="text-align: right;">SMALL ENTITY</th> </tr> <tr> <th colspan="2"></th> <th colspan="2"></th> <th colspan="2"></th> <th style="text-align: right;">OR</th> </tr> <tr> <th colspan="2"></th> <th colspan="2"></th> <th colspan="2"></th> <th style="text-align: right;">SMALL ENTITY</th> </tr> </thead> <tbody> <tr> <td rowspan="6" style="writing-mode: vertical-rl; transform: rotate(180deg);">AMENDMENT</td> <td colspan="2">01/31/2007</td> <td>CLAIMS<br/>REMAINING<br/>AFTER<br/>AMENDMENT</td> <td></td> <td>HIGHEST<br/>NUMBER<br/>PREVIOUSLY<br/>PAID FOR</td> <td>PRESENT<br/>EXTRA</td> <td style="text-align: right;">RATE (\$)</td> <td style="text-align: right;">ADDITIONAL<br/>FEE (\$)</td> <td style="text-align: right;">RATE (\$)</td> <td style="text-align: right;">ADDITIONAL<br/>FEE (\$)</td> </tr> <tr> <td colspan="2">Total (37 CFR 1.16(j))</td> <td>- 36</td> <td>Minus</td> <td>** 36</td> <td>= 0</td> <td style="text-align: right;">X \$25 =</td> <td style="text-align: right;">0</td> <td style="text-align: right;">OR</td> <td style="text-align: right;">X \$ =</td> </tr> <tr> <td colspan="2">Independent (37 CFR 1.16(h))</td> <td>- 3</td> <td>Minus</td> <td>***3</td> <td>= 0</td> <td style="text-align: right;">X \$100 =</td> <td style="text-align: right;">0</td> <td style="text-align: right;">OR</td> <td style="text-align: right;">X \$ =</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Application Size Fee (37 CFR 1.16(s))</td> <td colspan="2"></td> <td colspan="2"></td> <td style="text-align: right;">OR</td> <td></td> <td style="text-align: right;">OR</td> <td></td> </tr> <tr> <td colspan="2"><input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))</td> <td colspan="2"></td> <td colspan="2"></td> <td style="text-align: right;">TOTAL<br/>ADD'L<br/>FEE</td> <td style="text-align: right;">0</td> <td style="text-align: right;">TOTAL<br/>ADD'L<br/>FEE</td> <td></td> </tr> <tr> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"></td> <td style="text-align: right;">TOTAL<br/>ADD'L<br/>FEE</td> <td style="text-align: right;">0</td> <td style="text-align: right;">TOTAL<br/>ADD'L<br/>FEE</td> <td></td> </tr> <tr> <td rowspan="6" style="writing-mode: vertical-rl; transform: rotate(180deg);">AMENDMENT</td> <td colspan="2"></td> <th colspan="2">(Column 1)</th> <th colspan="2">(Column 2)</th> <th colspan="2">(Column 3)</th> <td colspan="2"></td> </tr> <tr> <td colspan="2"></td> <td>CLAIMS<br/>REMAINING<br/>AFTER<br/>AMENDMENT</td> <td></td> <td>HIGHEST<br/>NUMBER<br/>PREVIOUSLY<br/>PAID FOR</td> <td>PRESENT<br/>EXTRA</td> <td style="text-align: right;">RATE (\$)</td> <td style="text-align: right;">ADDITIONAL<br/>FEE (\$)</td> <td style="text-align: right;">RATE (\$)</td> <td style="text-align: right;">ADDITIONAL<br/>FEE (\$)</td> </tr> <tr> <td colspan="2">Total (37 CFR 1.16(j))</td> <td>- *</td> <td>Minus</td> <td>**</td> <td>=</td> <td style="text-align: right;">X \$ =</td> <td></td> <td style="text-align: right;">X \$ =</td> <td></td> </tr> <tr> <td colspan="2">Independent (37 CFR 1.16(h))</td> <td>- *</td> <td>Minus</td> <td>***</td> <td>=</td> <td style="text-align: right;">X \$ =</td> <td></td> <td style="text-align: right;">X \$ =</td> <td></td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Application Size Fee (37 CFR 1.16(s))</td> <td colspan="2"></td> <td colspan="2"></td> <td style="text-align: right;">OR</td> <td></td> <td style="text-align: right;">OR</td> <td></td> </tr> <tr> <td colspan="2"><input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))</td> <td colspan="2"></td> <td colspan="2"></td> <td style="text-align: right;">TOTAL<br/>ADD'L<br/>FEE</td> <td></td> <td style="text-align: right;">TOTAL<br/>ADD'L<br/>FEE</td> <td></td> </tr> </tbody> </table> <p>* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.<br/>   ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".<br/>   *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".<br/>   The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.</p> |  |   |   |   |   |  |                       |                        |                       |                        |  |  | OTHER THAN |  |  |  |  |  |  | SMALL ENTITY                                     |  |  |  |  |  |  | OR |  |  |  |  |  |  | SMALL ENTITY | AMENDMENT | 01/31/2007 |              | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA | RATE (\$) | ADDITIONAL<br>FEE (\$) | RATE (\$) | ADDITIONAL<br>FEE (\$)  | Total (37 CFR 1.16(j)) |     | - 36 | Minus | ** 36 | = 0 | X \$25 = | 0   | OR | X \$ =   | Independent (37 CFR 1.16(h)) |     | - 3 | Minus | ***3 | = 0 | X \$100 = | 0   | OR | X \$ =  | <input type="checkbox"/> Application Size Fee (37 CFR 1.16(s)) |     |  |     |  |     | OR |     | OR |                                  | <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) |            |  |   |  |        | TOTAL<br>ADD'L<br>FEE | 0      | TOTAL<br>ADD'L<br>FEE |  |  |           |  |   |  |        | TOTAL<br>ADD'L<br>FEE | 0      | TOTAL<br>ADD'L<br>FEE |   | AMENDMENT |   |  | (Column 1) |  | (Column 2) |  | (Column 3) |  |  |  |  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |  | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA | RATE (\$) | ADDITIONAL<br>FEE (\$) | RATE (\$) | ADDITIONAL<br>FEE (\$) | Total (37 CFR 1.16(j)) |  | - * | Minus | ** | = | X \$ = |  | X \$ = |  | Independent (37 CFR 1.16(h)) |  | - * | Minus | *** | = | X \$ = |  | X \$ = |  | <input type="checkbox"/> Application Size Fee (37 CFR 1.16(s)) |  |  |  |  |  | OR |  | OR |  | <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) |  |  |  |  |  | TOTAL<br>ADD'L<br>FEE |  | TOTAL<br>ADD'L<br>FEE |  |
|  |  |   |   |   |   | OTHER THAN                                       |                       |                        |                       |                        |  |  |            |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |              |           |            |              |   |              |   |                  |           |                        |           |   |                        |     |      |       |       |     |          |     |    |  |                              |     |     |       |      |     |           |     |    |   |  |     |  |     |  |     |    |     |    |                                  |  |            |  |   |  |        |                       |        |                       |  |  |           |  |   |  |        |                       |        |                       |   |           |   |  |            |  |            |  |            |  |  |  |  |  |   |  |   |                  |           |                        |           |                        |                        |  |     |       |    |   |        |  |        |  |                              |  |     |       |     |   |        |  |        |  |  |  |  |  |  |  |    |  |    |  |  |  |  |  |  |  |                       |  |                       |  |
|  |  |   |   |   |   | SMALL ENTITY                                     |                       |                        |                       |                        |  |  |            |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |              |           |            |              |   |              |   |                  |           |                        |           |   |                        |     |      |       |       |     |          |     |    |  |                              |     |     |       |      |     |           |     |    |   |  |     |  |     |  |     |    |     |    |                                  |  |            |  |   |  |        |                       |        |                       |  |  |           |  |   |  |        |                       |        |                       |   |           |   |  |            |  |            |  |            |  |  |  |  |  |   |  |   |                  |           |                        |           |                        |                        |  |     |       |    |   |        |  |        |  |                              |  |     |       |     |   |        |  |        |  |  |  |  |  |  |  |    |  |    |  |  |  |  |  |  |  |                       |  |                       |  |
|  |  |   |   |   |   | OR   |                       |                        |                       |                        |  |  |            |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |              |           |            |              |   |              |   |                  |           |                        |           |   |                        |     |      |       |       |     |          |     |    |  |                              |     |     |       |      |     |           |     |    |   |  |     |  |     |  |     |    |     |    |                                  |  |            |  |   |  |        |                       |        |                       |  |  |           |  |   |  |        |                       |        |                       |   |           |   |  |            |  |            |  |            |  |  |  |  |  |   |  |   |                  |           |                        |           |                        |                        |  |     |       |    |   |        |  |        |  |                              |  |     |       |     |   |        |  |        |  |  |  |  |  |  |  |    |  |    |  |  |  |  |  |  |  |                       |  |                       |  |
|  |  |   |   |   |   | SMALL ENTITY                                     |                       |                        |                       |                        |  |  |            |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |              |           |            |              |   |              |   |                  |           |                        |           |   |                        |     |      |       |       |     |          |     |    |  |                              |     |     |       |      |     |           |     |    |   |  |     |  |     |  |     |    |     |    |                                  |  |            |  |   |  |        |                       |        |                       |  |  |           |  |   |  |        |                       |        |                       |   |           |   |  |            |  |            |  |            |  |  |  |  |  |   |  |   |                  |           |                        |           |                        |                        |  |     |       |    |   |        |  |        |  |                              |  |     |       |     |   |        |  |        |  |  |  |  |  |  |  |    |  |    |  |  |  |  |  |  |  |                       |  |                       |  |
| AMENDMENT  | 01/31/2007   |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |   | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA                                 | RATE (\$)             | ADDITIONAL<br>FEE (\$) | RATE (\$)             | ADDITIONAL<br>FEE (\$) |  |  |            |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |              |           |            |              |   |              |   |                  |           |                        |           |   |                        |     |      |       |       |     |          |     |    |  |                              |     |     |       |      |     |           |     |    |   |  |     |  |     |  |     |    |     |    |                                  |  |            |  |   |  |        |                       |        |                       |  |  |           |  |   |  |        |                       |        |                       |   |           |   |  |            |  |            |  |            |  |  |  |  |  |   |  |   |                  |           |                        |           |                        |                        |  |     |       |    |   |        |  |        |  |                              |  |     |       |     |   |        |  |        |  |  |  |  |  |  |  |    |  |    |  |  |  |  |  |  |  |                       |  |                       |  |
|  | Total (37 CFR 1.16(j))   |   | - 36                                      | Minus   | ** 36                                       | = 0  | X \$25 =              | 0                      | OR                    | X \$ =                 |  |  |            |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |              |           |            |              |   |              |   |                  |           |                        |           |   |                        |     |      |       |       |     |          |     |    |  |                              |     |     |       |      |     |           |     |    |   |  |     |  |     |  |     |    |     |    |                                  |  |            |  |   |  |        |                       |        |                       |  |  |           |  |   |  |        |                       |        |                       |   |           |   |  |            |  |            |  |            |  |  |  |  |  |   |  |   |                  |           |                        |           |                        |                        |  |     |       |    |   |        |  |        |  |                              |  |     |       |     |   |        |  |        |  |  |  |  |  |  |  |    |  |    |  |  |  |  |  |  |  |                       |  |                       |  |
|  | Independent (37 CFR 1.16(h))   |   | - 3                                       | Minus   | ***3  | = 0  | X \$100 =             | 0                      | OR                    | X \$ =                 |  |  |            |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |              |           |            |              |   |              |   |                  |           |                        |           |   |                        |     |      |       |       |     |          |     |    |  |                              |     |     |       |      |     |           |     |    |   |  |     |  |     |  |     |    |     |    |                                  |  |            |  |   |  |        |                       |        |                       |  |  |           |  |   |  |        |                       |        |                       |   |           |   |  |            |  |            |  |            |  |  |  |  |  |   |  |   |                  |           |                        |           |                        |                        |  |     |       |    |   |        |  |        |  |                              |  |     |       |     |   |        |  |        |  |  |  |  |  |  |  |    |  |    |  |  |  |  |  |  |  |                       |  |                       |  |
|  | <input type="checkbox"/> Application Size Fee (37 CFR 1.16(s))                           |   |   |   |   |  | OR                    |                        | OR                    |                        |  |  |            |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |              |           |            |              |   |              |   |                  |           |                        |           |   |                        |     |      |       |       |     |          |     |    |  |                              |     |     |       |      |     |           |     |    |   |  |     |  |     |  |     |    |     |    |                                  |  |            |  |   |  |        |                       |        |                       |  |  |           |  |   |  |        |                       |        |                       |   |           |   |  |            |  |            |  |            |  |  |  |  |  |   |  |   |                  |           |                        |           |                        |                        |  |     |       |    |   |        |  |        |  |                              |  |     |       |     |   |        |  |        |  |  |  |  |  |  |  |    |  |    |  |  |  |  |  |  |  |                       |  |                       |  |
|  | <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) |   |   |   |   |  | TOTAL<br>ADD'L<br>FEE | 0                      | TOTAL<br>ADD'L<br>FEE |                        |  |  |            |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |              |           |            |              |   |              |   |                  |           |                        |           |   |                        |     |      |       |       |     |          |     |    |  |                              |     |     |       |      |     |           |     |    |   |  |     |  |     |  |     |    |     |    |                                  |  |            |  |   |  |        |                       |        |                       |  |  |           |  |   |  |        |                       |        |                       |   |           |   |  |            |  |            |  |            |  |  |  |  |  |   |  |   |                  |           |                        |           |                        |                        |  |     |       |    |   |        |  |        |  |                              |  |     |       |     |   |        |  |        |  |  |  |  |  |  |  |    |  |    |  |  |  |  |  |  |  |                       |  |                       |  |
|  |  |   |   |   |   |  | TOTAL<br>ADD'L<br>FEE | 0                      | TOTAL<br>ADD'L<br>FEE |                        |  |  |            |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |              |           |            |              |   |              |   |                  |           |                        |           |   |                        |     |      |       |       |     |          |     |    |  |                              |     |     |       |      |     |           |     |    |   |  |     |  |     |  |     |    |     |    |                                  |  |            |  |   |  |        |                       |        |                       |  |  |           |  |   |  |        |                       |        |                       |   |           |   |  |            |  |            |  |            |  |  |  |  |  |   |  |   |                  |           |                        |           |                        |                        |  |     |       |    |   |        |  |        |  |                              |  |     |       |     |   |        |  |        |  |  |  |  |  |  |  |    |  |    |  |  |  |  |  |  |  |                       |  |                       |  |
| AMENDMENT  |  |   | (Column 1)                                |   | (Column 2)                                  |  | (Column 3)            |                        |                       |                        |  |  |            |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |              |           |            |              |   |              |   |                  |           |                        |           |   |                        |     |      |       |       |     |          |     |    |  |                              |     |     |       |      |     |           |     |    |   |  |     |  |     |  |     |    |     |    |                                  |  |            |  |   |  |        |                       |        |                       |  |  |           |  |   |  |        |                       |        |                       |   |           |   |  |            |  |            |  |            |  |  |  |  |  |   |  |   |                  |           |                        |           |                        |                        |  |     |       |    |   |        |  |        |  |                              |  |     |       |     |   |        |  |        |  |  |  |  |  |  |  |    |  |    |  |  |  |  |  |  |  |                       |  |                       |  |
|  |  |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |   | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA                                 | RATE (\$)             | ADDITIONAL<br>FEE (\$) | RATE (\$)             | ADDITIONAL<br>FEE (\$) |  |  |            |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |              |           |            |              |   |              |   |                  |           |                        |           |   |                        |     |      |       |       |     |          |     |    |  |                              |     |     |       |      |     |           |     |    |   |  |     |  |     |  |     |    |     |    |                                  |  |            |  |   |  |        |                       |        |                       |  |  |           |  |   |  |        |                       |        |                       |   |           |   |  |            |  |            |  |            |  |  |  |  |  |   |  |   |                  |           |                        |           |                        |                        |  |     |       |    |   |        |  |        |  |                              |  |     |       |     |   |        |  |        |  |  |  |  |  |  |  |    |  |    |  |  |  |  |  |  |  |                       |  |                       |  |
|  | Total (37 CFR 1.16(j))   |   | - *                                       | Minus   | **  | =  | X \$ =                |                        | X \$ =                |                        |  |  |            |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |              |           |            |              |   |              |   |                  |           |                        |           |   |                        |     |      |       |       |     |          |     |    |  |                              |     |     |       |      |     |           |     |    |   |  |     |  |     |  |     |    |     |    |                                  |  |            |  |   |  |        |                       |        |                       |  |  |           |  |   |  |        |                       |        |                       |   |           |   |  |            |  |            |  |            |  |  |  |  |  |   |  |   |                  |           |                        |           |                        |                        |  |     |       |    |   |        |  |        |  |                              |  |     |       |     |   |        |  |        |  |  |  |  |  |  |  |    |  |    |  |  |  |  |  |  |  |                       |  |                       |  |
|  | Independent (37 CFR 1.16(h))   |   | - *                                       | Minus   | ***   | =  | X \$ =                |                        | X \$ =                |                        |  |  |            |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |              |           |            |              |   |              |   |                  |           |                        |           |   |                        |     |      |       |       |     |          |     |    |  |                              |     |     |       |      |     |           |     |    |   |  |     |  |     |  |     |    |     |    |                                  |  |            |  |   |  |        |                       |        |                       |  |  |           |  |   |  |        |                       |        |                       |   |           |   |  |            |  |            |  |            |  |  |  |  |  |   |  |   |                  |           |                        |           |                        |                        |  |     |       |    |   |        |  |        |  |                              |  |     |       |     |   |        |  |        |  |  |  |  |  |  |  |    |  |    |  |  |  |  |  |  |  |                       |  |                       |  |
|  | <input type="checkbox"/> Application Size Fee (37 CFR 1.16(s))                           |   |   |   |   |  | OR                    |                        | OR                    |                        |  |  |            |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |              |           |            |              |   |              |   |                  |           |                        |           |   |                        |     |      |       |       |     |          |     |    |  |                              |     |     |       |      |     |           |     |    |   |  |     |  |     |  |     |    |     |    |                                  |  |            |  |   |  |        |                       |        |                       |  |  |           |  |   |  |        |                       |        |                       |   |           |   |  |            |  |            |  |            |  |  |  |  |  |   |  |   |                  |           |                        |           |                        |                        |  |     |       |    |   |        |  |        |  |                              |  |     |       |     |   |        |  |        |  |  |  |  |  |  |  |    |  |    |  |  |  |  |  |  |  |                       |  |                       |  |
|  | <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) |   |   |   |   |  | TOTAL<br>ADD'L<br>FEE |                        | TOTAL<br>ADD'L<br>FEE |                        |  |  |            |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |              |           |            |              |   |              |   |                  |           |                        |           |   |                        |     |      |       |       |     |          |     |    |  |                              |     |     |       |      |     |           |     |    |   |  |     |  |     |  |     |    |     |    |                                  |  |            |  |   |  |        |                       |        |                       |  |  |           |  |   |  |        |                       |        |                       |   |           |   |  |            |  |            |  |            |  |  |  |  |  |   |  |   |                  |           |                        |           |                        |                        |  |     |       |    |   |        |  |        |  |                              |  |     |       |     |   |        |  |        |  |  |  |  |  |  |  |    |  |    |  |  |  |  |  |  |  |                       |  |                       |  |

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Legal Instrument Examiner:  
Vikki Short